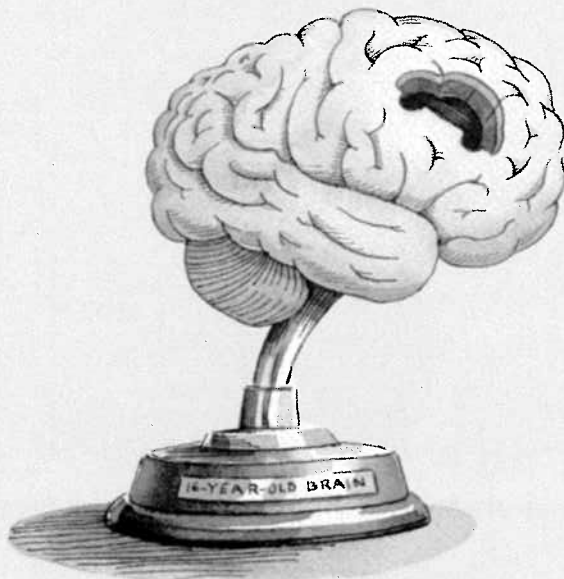


Why do most 16-year-olds drive like they're *missing a part of their brain?*



BECAUSE THEY ARE.



EVEN BRIGHT, MATURE TEENAGERS SOMETIMES DO THINGS THAT ARE "STUPID."

But when that happens, it's not really their fault. It's because their brain hasn't finished developing. The underdeveloped area is called the dorsal lateral prefrontal cortex. It plays a critical role in decision making, problem solving and understanding future consequences of today's actions. Problem is, it won't be fully mature until they're into their 20s.

It's one reason 16-year-old drivers have crash rates three times higher than 17-year-olds and five times higher than 18-year-olds. **Car crashes injure about 300,000 teens a year. And kill nearly 6,000.** Is there a way for teens to get their driving experience more safely—giving their brains time to mature as completely as their bodies? Allstate thinks so.

Graduated Driver Licensing (GDL) laws are one approach that's been proven effective at reducing teen

crashes. These laws restrict the more dangerous kinds of driving teens do, such as nighttime driving and driving with teen passengers. Since North Carolina implemented one of the most comprehensive GDL laws in the country, it has seen a 25% decline in crashes involving 16-year-olds.

To find out what the GDL laws are in your state, visit Allstate.com/teen. Help enforce them—and if they aren't strong enough, ask your legislator to strengthen them.

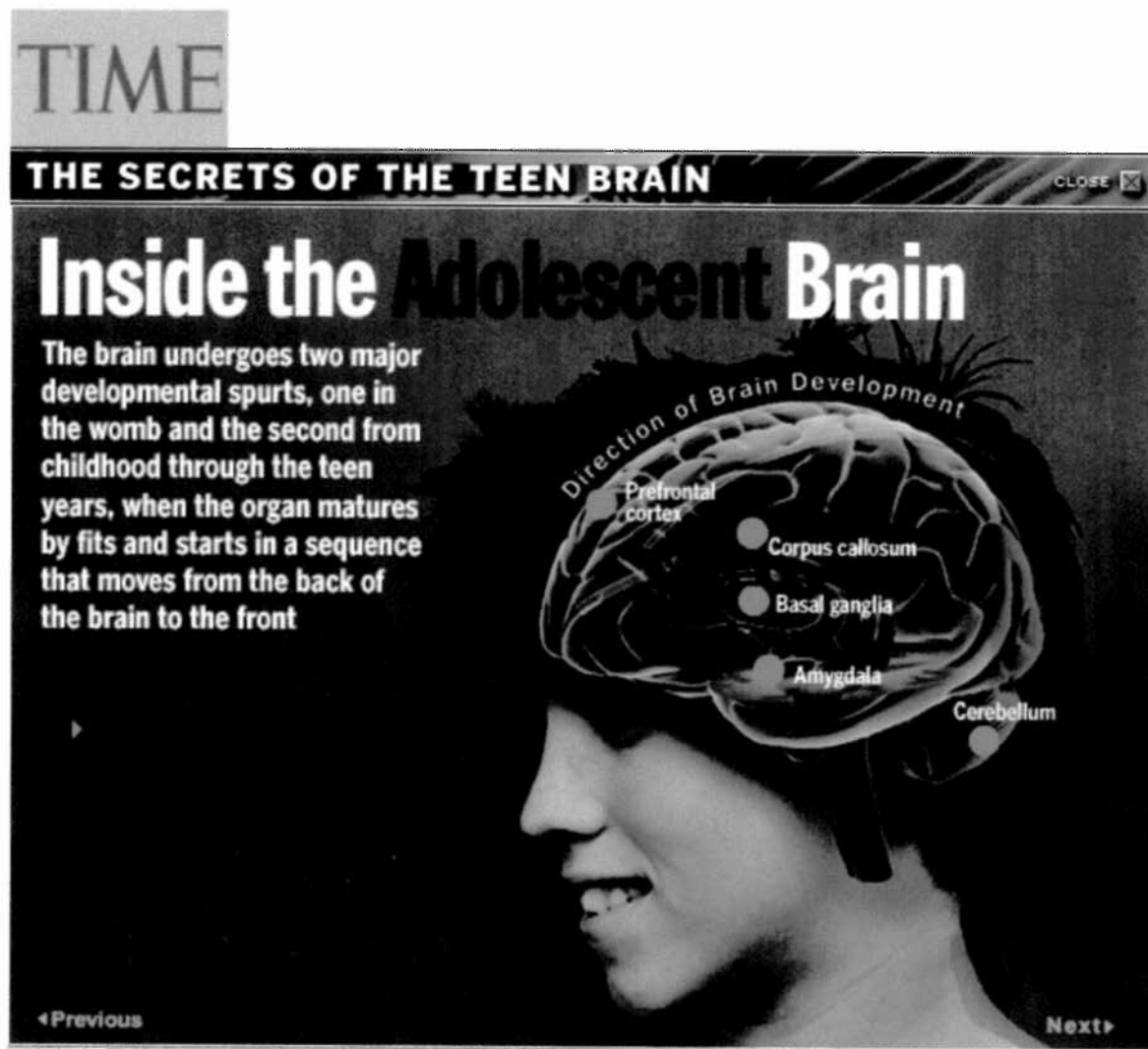
Let's help our teenagers not miss out on tomorrow just because they have something missing today.

It's time to make the world a safer place to drive.
THAT'S ALLSTATE'S STAND



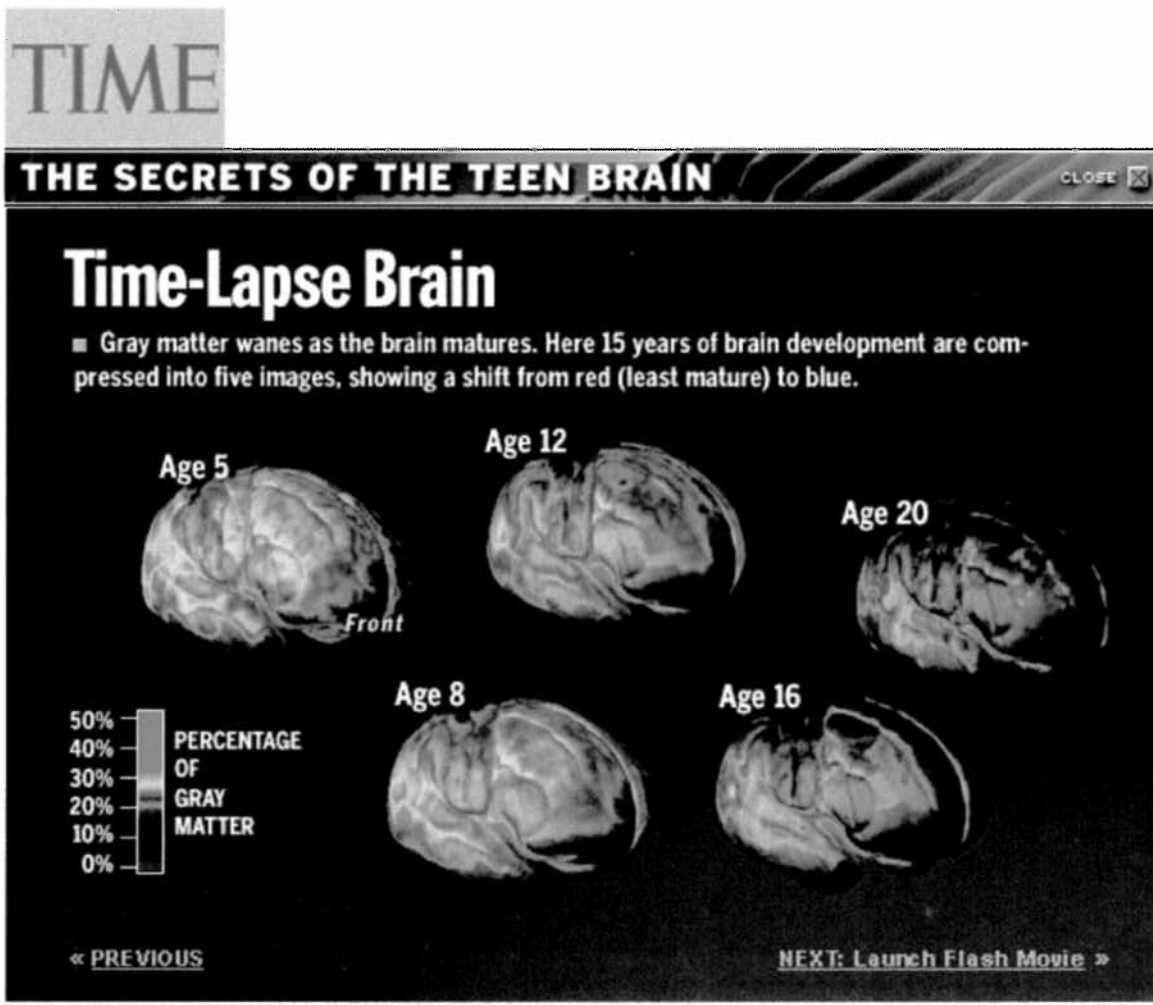
Allstate
You're in good hands.

Auto
Home
Life
Retirement



SOURCES: Dr. Jay Giedd, Chief of Brain Imaging, Child Psychiatric Branch—NIMH; Paul Thompson; Andrew Lee; Kiralee Hayashi; Arthur Toga—UCLA Lab of Neuro Imaging and Nitin Gogtay; Judy Rapoport—NIMH Child Psychiatry Branch. TIME Diagram by Joe Lertola. TIME.com graphic by Garrett Rosso. The Image Bank—Getty Images
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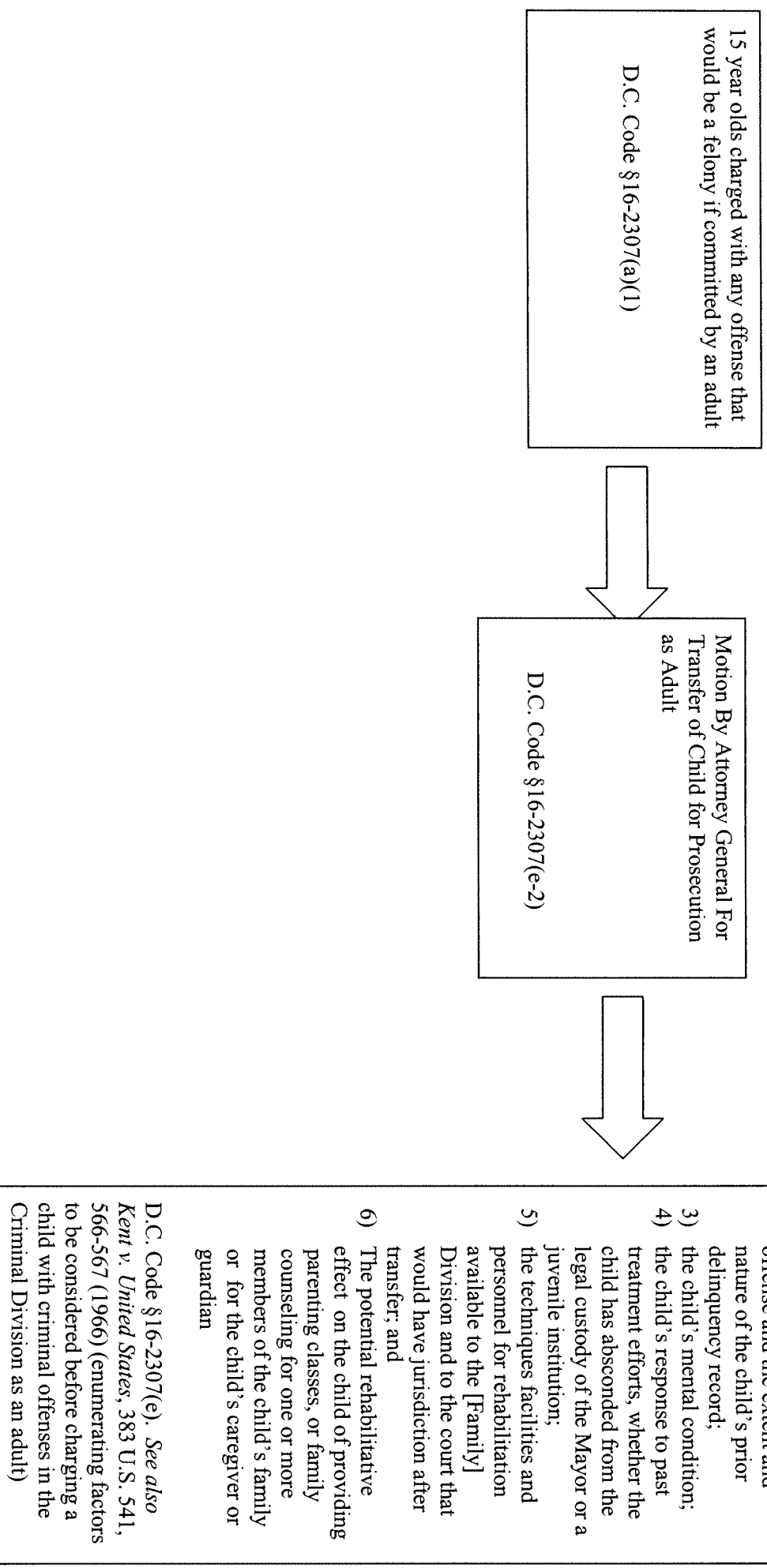


SOURCES: Dr. Jay Giedd, Chief of Brain Imaging, Child Psychiatric Branch—NIMH; Paul Thompson; Andrew Lee; Kiralee Hayashi; Arthur Toga—UCLA Lab of Neuro Imaging and Nitin Gogtay; Judy Rapoport—NIMH Child Psychiatry Branch. TIME Diagram by Joe Lertola. TIME.com graphic by Garrett Rosso. The Image Bank—Getty Images
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How Minors Are Charged As Adults In The District of Columbia

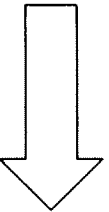
Fifteen Year-Olds



How Minors Are Charged As Adults In The District of Columbia Sixteen- and Seventeen-Year-Olds

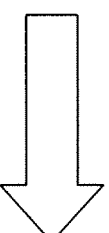
16 or 17 year old arrested for and charged in the Family Division with any offense that would be a felony if committed by an adult or is already under commitment to an agency or institution as a delinquent child

D.C. Code §16-2307(a)(1), (2)



Motion By Attorney General For Transfer of Child for Prosecution as Adult

D.C. Code §16-2307(e-2)



Hearing Before Family Division Judge To Consider The Following Factors About Whether Child Should be Transferred For Adult Prosecution:

- 1) the child's age;
 - 2) the nature of the child's present offense and the extent and nature of the child's prior delinquency record;
 - 3) the child's mental condition;
 - 4) the child's response to past treatment efforts, whether the child has absconded from the legal custody of the Mayor or a juvenile institution;
 - 5) the techniques facilities and personnel for rehabilitation available to the [Family] Division and to the court that would have jurisdiction after transfer; and
 - 6) The potential rehabilitative effect on the child of providing parenting classes, or family counseling for one or more members of the child's family or for the child's caregiver or guardian
- D.C. Code §16-2307(e). *See also Kent v. United States*, 383 U.S. 541, 566-567 (1966) (enumerating factors to be considered before charging a child with criminal offenses in the Criminal Division as an adult)

A DEVELOPMENTAL FRAMEWORK FOR JUVENILE CASES

ROPER

DEVELOPMENT

OFFENSE

STATEMENT

MEANINGFULLY ASSIST IN DEFENSE

IMMATURE

- Behavioral immaturity mirrors anatomical immaturity of brain
- Rely on amygdala, primitive emotion center of brain when adults would process similar information through frontal cortex
- Frontal lobe --responsible for impulse control, decision-making, judgment-- develops slowly until early 20's
- Prone to risk-taking; it is statistically aberrant to refrain from risk-taking in adolescence
- More susceptible to stress, which further distorts already poor cost-benefit analysis
- More vulnerable to peer pressure
- Importance of approval makes already risk-prone impulsive teen even more so
- Normal adolescents cannot be expected to operate with maturity; judgment, risk aversion or impulse control of an adult, teen who has suffered brain trauma, dysfunctional family, violence, or abuse cannot be presumed to operate even at standard levels for adolescents

Immature thinking

- Unable to anticipate
- Unable to see choices
- Minutism risk
- Immature identity
- Not successful
- Unstable self-definition
- Wants acceptance
- Can't function independently
- Moral development
- Fairness fanatic

- Fragile moral reasoning
- Empathy

Did not plan: "It happened," impulsive
Carried weapon with no plan to use
Believed it was "just talk" (fantasy)
Sensitive to being picked on
Does not ask for adult help
Wants to belong even with negative peers
Easily influenced by older co-defendants
Can't wait away, especially when high, even though knows right from wrong
May have been righting a wrong
Did not realize there would be a victim
Can't look ahead to statement in court
Only way to go home; what they want
Can always talk back what I said
Self-conscious about being "slow"
Unsure of self, hurt if called a liar
Complains, does what is asked
Naively trusts police, taught to tell truth
Can't believe police would manipulate, lie
Bitching/morally wrong
Does not understand rights
In shock about offense, blame

No future time perspective to consider years of probation, incarceration, program

Sees offense as unintended, accidental, so maintains unrealistic innocence on innocence
Doesn't see future risk: "I'm sure I'll never get arrested/the detailed again"

Sees one thing; just wants to go home, or says, "I'll just do the one year & get it over with
Frightened: all the options so scary, shuts down so doesn't have to think about them
Feels dumb; covers up ignorance, doesn't ask for clarification because stupidity exposed
Dependent--wants parent/teacher to tell what to do
Wants to be liked; wants to give "right" answer even if not true or thought out
Embarrassed can't explain why so peer-influenced during offense
Big identity issue: can't face being type of person who did offense, expect if press
Insulted by how little time the defender has; lonely, hard not to be able to talk to anyone
Preoccupied by what friends/family think; distracted by what's happening w/ family/friends
Hung up; only talks about police/arrest/unfairness; can't focus on legal issues
Shocked by what happened & consequences; hard to see victim as "my victim"
May not reveal heart-broken by betrayed by friend; can't admit; may never tell everything
Protests "It shouldn't be like this," feels court process unfair, has less faith in defender

DISABILITIES

- Processing problems (digesting information)
- Limited executive functions
- Impaired sequencing
- Difficulty concentrating

Can't comprehend others' intentions
Things happened too fast
Doesn't comprehend meaning of Miranda
Can't follow questions--doesn't ask
Can't read well
Focuses on getting it over with
Couldn't envision what would happen next: Thinking compromised by lack of sleep, odd, hungry, other conditions

Can't comprehend even simply presented information
Can't consider two things at once, so can't compare options
Can't do strategic decision-making, partly due to either/or thinking & unfairness focus
Doesn't retain previous discussions; poor logical connections between discussions
Can't tell what happened in normal sequence; leaves out/leaves details in each rendition
Easily distracted; can't concentrate as long as it takes to explain most things

TRAUMA (causes delayed development)

- Over-reacts to threat
- Depressed
- Numb feelings with substances

If victim aggressive, responds as if it is more
of past mistreatment (primitive reflex)
Feels worthless, anxious, powerless; life
is out-of-control; self-destructive
Lowered inhibitions, poor judgment if
high during offense
Scared of police, especially 2-on-1
Terror, exhausted, poor eye contact
slow thinking; gives in easily
High, coming down during questioning

Trouble trusting anyone
Feels helpless--gives up; not fighting for self
Feels all options are so depressing, can't think about any of them; strong denial
Can't tolerate not being in control; uncertainty causes high anxiety impairing rational talk
Anxiety & depression worsen concentration; sinking into hopelessness interferes
Embarrassed can't explain thinking because was so drunk or high

Credit: Dr. Margaret Beyer, PhD.

e-mail: marbeyer@aol.com

Tel.: (703) 966-8336 & www.martybeyer.com

A DEVELOPMENTAL FRAMEWORK FOR JUVENILE CASES

ROPER	DEVELOPMENT	STATEMENT	TRIAL	DISPOSITION
IMMATUREITY • Behavioral immaturity mirrors anatomical immaturity of brain • Rely on amygdala, primitive emotion center of brain when adults would process similar information through frontal cortex • Frontal lobe -- responsible for impulse control, decision-making, judgement develops slowly until early 20's • Prone to risk-taking; it is statistically aberrant to refrain from risk-taking in adolescence • More susceptible to stress, which further distorts already poor cost-benefit analysis • More vulnerable to peer pressure Importance of approval makes air risk-prone impulsive teen even more	IMMATURE thinking -Unable to anticipate -Unable to see choices -Minimizes risk Immature identity -Not successful -Unstable self-definition -Wants acceptance -Can't function independently Moral development -Fairness fanatic -Fragile moral reasoning -Empathy	Can't look ahead to statement in court Only way to go home--say what they want Can always take back what I said Self-conscious about being "slow" Unsure of self, hurt if called a liar Compliant; does what is asked Naively trusts police; taught to tell truth Can't believe police would manipulate, if Can't walk away, especially when high Switching=morally wrong Does not understand rights In shock about offense, shame	Did not plan; "it happened," impulsive Carried weapon with no plan to use Believed it was "just talk" (fantasy) Sensitive to being picked on Does not ask for adult help Wants to belong even with negative peers Easily influenced by older co-defendant Improved social skills to be acceptable to positive peers Preparation for work & deciding to live on modest income Developing job skills; support on the job for good decision Learning positive ways to deal with unfairness Practicing good moral reasoning under stress Victim empathy training Did not realize there would be a victim	Must be tailored to each youth's unique needs, but could include services (in a facility or the community) such as Instruction in anticipating consequences Instruction in how to see choices & pros & cons Instruction in decision-making: think before acting Instruction in planning & following a plan Being successful at something & opportunities to show leadership Guided process for defining self; becoming a leader Instruction in how to think without being influenced Improved social skills to be acceptable to positive peers Preparation for work & deciding to live on modest income
• Normal adolescents cannot be expected to operate with maturity, judgement, risk aversion or impulse control of an adult; teen who has suffered brain trauma, dysfunction, family, violence, or abuse cannot	DISABILITIES • Processing problems (digesting information) • Limited executive functions • Impaired sequencing • Difficulty concentrating	Doesn't comprehend meaning of Miran Can't follow questions--doesn't ask Can't read well Focuses on getting it over with Thinking compromised by lack of sleep cold, hunger, other conditions	Can't comprehend others' intentions Things happened too fast Poor planner Couldn't envision what would happen Became agitated under stress	Specialized instruction to: • Improve reading by learning how to decode words • Improve reading by digesting more of the meaning • Improve sequencing: seeing cause & effect • Practicing comprehending instructions • Improve organization; learn how to prioritize • Learn how to concentrate & manage distractibility • Learn how to manage stress Trauma treatment to: • Talk about traumatic events • Hear about others' trauma
• Normal adolescents cannot be expected to operate with maturity, judgement, risk aversion or impulse control of an adult; teen who has suffered brain trauma, dysfunction, family, violence, or abuse cannot	TRAUMA (causes delayed development) • Over-reacts to threat • Depressed • Numb feelings with substances	Scared of police, especially 2-on-1 Tearful, exhausted, poor eye contact, slow thinking; gives in easily High, coming down during questioning	If victim aggressive, responds as if a repeat of past maltreatment (primitive reflex) Feels worthless, anxious, powerless; if out-of-control, self-destructive Lowered inhibitions, poor judgment if high during offense	Separate past maltreatment from present provocations • Learn not to blame self and stop self-destructive act • Not assume others are hostile; not act like a victim Learning to soothe self when agitated without substance Positive, realistic view of self in future Help with family where there is active substance abuse